

# Indiana State Department of Health

Local Health Department Ebola Virus Disease  
Monitoring Guidance



Indiana State  
Department of Health

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## Introduction

This document provides definitions, guidance, and forms for 21 day temperature and symptom monitoring by the local health department (LHD) for persons who have recently traveled to countries experiencing widespread transmission of Ebola Virus Disease (EVD); <https://www.who.int/ebola/en/>.

## Background

Ebola Virus Disease (EVD) is a rare and deadly disease most commonly affecting people and nonhuman primates (monkeys, gorillas, and chimpanzees). It is caused by an infection with a group of viruses within the genus *Ebolavirus*. Within this genus, only four viruses are known to cause disease in people (Ebola, Sudan, Tai Forest, and Bundibugyo viruses).

## Symptoms

- Fever
- Muscle pain
- Fatigue
- Vomiting
- Abdominal (stomach) pain
- Severe headache
- Weakness
- Diarrhea
- Unexplained hemorrhage (bleeding or bruising)

Symptoms may appear anywhere from 2 to 21 days after contact with the virus, with an average of 8 to 10 days. Many common illnesses can have these same symptoms, including influenza (flu) or malaria.

## Transmission

Ebola virus spreads through direct contact (such as through broken skin or mucous membranes in the eyes, nose, or mouth) with:

- Blood or bodily fluids (urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with or has died from EVD
- Objects (such as needles and syringes) contaminated with bodily fluids from a person sick with EVD or the body of a person who died from EVD
- Infected fruit bats or nonhuman primates (such as apes and monkeys)
- Semen from a man who recovered from EVD (through oral, vaginal, or anal sex)

Ebola virus can remain in certain bodily fluids after a person has recovered from the infection. These specific bodily fluids are semen, breast milk, ocular (eye) fluid, and spinal column fluid. These sites of the body are where viruses and pathogens can remain undetected even after the immune system has cleared the virus from other sites of the body. Research is being conducted to determine how long the virus stays in these bodily fluids among Ebola survivors.

## Notification

The Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security's Customs & Border Protection (CBP) performs entry screening at U.S. airports that receive travelers from countries experiencing widespread transmission of EVD. Trained CBP staff will observe the traveler for signs of illness, ask them a series of health and exposure questions, and provide health information for Ebola and reminders to monitor themselves for symptoms. Trained medical staff will take their temperature with a non-contact thermometer.

If the person have fever, symptoms, or the health questionnaire reveals a possible Ebola exposure, they will be evaluated by a CDC quarantine station public health officer. The public health officer will again take a temperature reading and make a public health assessment. Persons, who after this assessment, are determined to require further evaluation or monitoring will be referred to the appropriate state public health authority. Persons from these countries who lack symptoms/fever nor have a known history of exposure will receive health information for self-monitoring.

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The CDC will distribute contact information for persons to the state in which they reside or intend to stay via *Epi-X*. Upon receiving the notification, the Indiana State Department of Health (ISDH) Epidemiology Resource Center (ERC) will distribute a list of affected persons to the local health departments (LHDs) of residence for monitoring.

## Roles and Responsibilities

### ISDH Epidemiology Resource Center (ERC)

The ERC is responsible for overseeing the epidemiological surveillance and investigation of all communicable diseases in the State of Indiana. The ERC maintains an Ebola webpage containing CDC guidance, ISDH guidance, and other best practices concerning Ebola disease. The ERC maintains an Epi-on-Call, available 24/7 for epidemiologic-related emergencies. Additionally, the ERC provides an Ebola Travel Monitoring Team during enhanced screening and direct active monitoring implementation.

The ERC Ebola Travel Monitoring Team will provide support and guidance for disease surveillance and monitoring as needed by the LHDs. If needed, the ERC Field Epidemiologist staff will serve as Ebola specimen couriers to the ISDH Laboratory. The ERC will coordinate with the ISDH Division of Emergency Preparedness for response activities, to include activation of the Indiana EVD Response Plan, should an individual become symptomatic.

### Indiana Local Health Departments (LHDs)

The LHDs in Indiana are responsible for the public health and welfare of its residents. LHDs in Indiana are expected to collaborate with other LHDs, ISDH, and external partners to accomplish the monitoring for each person. LHDs are to implement a sustainable, long-term system to track persons receiving monitoring as this surveillance program is expected to last at least several months. Surge capacity may be needed for counties with multiple persons or who have staffing limitations. LHDs will notify the ERC about any persons from impacted countries that are received from sources other than *Epi-X*.

LHDs are expected to contact all identified persons within 24 hours of notification and supply all collected information to the ERC daily. If additional persons are identified from other sources other than *Epi-X*, LHDs are responsible for notifying the ERC immediately. LHDs will report all potential persons under investigation (PUIs) to the ISDH Ebola Monitoring Team as identified, from any report from a healthcare facility or walk-in to the LHD.

## Determination of Risk Category

An accurate risk assessment is necessary to ensure appropriate public health monitoring and activity restrictions are put in place. Information received from CDC *Epi-X* and provided to ISDH determines the individual's initial risk category. The LHD will use this information to re-assess and confirm the individual's level of risk using the ISDH EVD assessment algorithm (Appendix A).

High Risk
<ul style="list-style-type: none"> <li><u>In any country</u> <ul style="list-style-type: none"> <li>Direct contact with body fluids, from a person sick with Ebola who is showing symptoms, through a needle stick, splashes to eyes, nose or mouth, OR getting body fluids directly on skin</li> <li>Direct contact with a person with Ebola who has symptoms, or the person's body fluids, <b>while not wearing appropriate personal protective equipment (PPE)</b></li> <li>Laboratory processing of blood or body fluids from a person sick with Ebola who has symptoms <b>while not wearing appropriate PPE or without using standard biosafety precautions</b></li> <li>Providing direct care to a person showing symptoms of Ebola in a household setting</li> </ul> </li> <li><u>In countries experiencing widespread transmission</u> <ul style="list-style-type: none"> <li>Actively participated in a funeral or had any other contact with the remains of a known/suspect EVD patient</li> </ul> </li> </ul>
Some Risk
<ul style="list-style-type: none"> <li><u>In any country</u> <ul style="list-style-type: none"> <li>Close contact with a person sick with Ebola such as in a household, healthcare facility, or the community <b>while not wearing appropriate PPE</b> <ul style="list-style-type: none"> <li><i>Close contact means being within 3 feet of the person sick with Ebola for a long time.</i></li> </ul> </li> </ul> </li> <li><u>In countries experiencing widespread transmission</u> <ul style="list-style-type: none"> <li>Direct contact with a person sick with Ebola, or the person's body fluids, <b>while wearing appropriate PPE</b></li> <li>Being in the patient-care area of an Ebola treatment unit</li> <li>Providing any direct patient care in non-Ebola healthcare settings</li> </ul> </li> </ul>
Low (but not zero) Risk
<ul style="list-style-type: none"> <li><u>In any country</u> <ul style="list-style-type: none"> <li>Brief direct contact (such as shaking hands) with a person in the early stages of Ebola, <b>while not wearing appropriate PPE</b>. Early signs can include fever, fatigue, or headache.</li> <li>Brief proximity with a person with Ebola who has symptoms (such as being in the same room, but not in close contact) <b>while not wearing appropriate PPE</b></li> <li>Laboratory processing of blood or body fluids from a person with Ebola who has symptoms while wearing appropriate PPE and using standard biosafety precautions</li> <li>Traveling on an airplane with a person with Ebola who has symptoms and having had no identified <i>some</i> or <i>high</i> risk exposures</li> </ul> </li> <li><u>In countries experiencing widespread transmission</u> <ul style="list-style-type: none"> <li>Having been in a country with a large Ebola outbreak within the past 21 days, with no known exposure (such as NO direct contact with body fluids from a person sick with Ebola)</li> </ul> </li> </ul>
No Identifiable Risk
<ul style="list-style-type: none"> <li>Laboratory processing of Ebola-containing specimens in a Biosafety Level 4 facility</li> <li>Any contact with a person who is no longer symptomatic with Ebola, even if the person had potential exposure to Ebola</li> <li>Contact with a person with Ebola before the person developed symptoms</li> <li>Any potential exposure to Ebola that occurred more than 21 days previously</li> <li>Having been in a country with Ebola cases, but without widespread transmission and not having any other exposures</li> <li>Having had laboratory-confirmed Ebola and determined by public health officials to no longer be infectious (i.e., Ebola survivors)</li> </ul>

## Public Health Monitoring and Movement

### Initial Health Risk Assessment by LHD to Determine Monitoring

- ISDH will receive notification from the CDC Division of Global Migration and Quarantine (DGMQ) via *Epi-X*.
- ISDH will notify LHD of all exposed persons and send the **ISDH EVD assessment algorithm** (Appendix A).
- The LHD must make contact with the person(s) within 24 hours and conduct an in-person assessment to confirm the exposure and risk.
- Persons should be asked about illness prior to in-person visit. If symptoms are identified, contact the ISDH ERC immediately.
- While in-person, the person should be assessed using the **ISDH EVD assessment algorithm** (Appendix A) to determine the level of risk for the individual. Once risk is determined, the following steps should be taken regardless of risk level:
  - The person should be provided a number to contact appropriate LHD staff 24/7.
  - Advise persons on the components of monitoring (see *Monitoring Following Initial Assessment*) including 21 day symptom window and twice daily fever monitoring.
  - Advise them on the process for calling them to check on their health status prior to any potential visit.
  - Obtain alternate contact information from the person in case of loss of primary communication method
  - Review the process for notifying LHDs prior to seeking healthcare if they develop signs or symptoms
  - Educate the individual on how to properly take their temperature with the same thermometer each time.
  - Establish a procedure for twice daily (every 10-14 hours) reporting of symptoms.
- Complete the **Monitoring Information Form** (Appendix B) and enter the information into the persons profile.
- LHD will confirm the level of risk and return the risk assessment to ISDH via secure email/fax.
  - If a higher level of risk is identified than the predetermined risk by the CDC, the LHD will consult the ISDH ERC.

### Monitoring Following Initial Assessment

#### Persons Deemed High Risk

- Monitoring will take place for 21 days following the last exposure using Research Electronic Data Capture (REDCap).
- Individuals will be asked to voluntarily quarantine for the duration of the monitoring period. Non-compliance with voluntary quarantine will result in involuntary quarantine by the Local Health Officer.
- Monitoring consists of in-person twice daily temperature and symptom checks by a LHD official.
  1. The LHD official or designee will call the individual to determine whether there has been any symptom onset, and if none, will travel to the self-quarantined location.
  2. The LHD official or designee will observe the individual taking their temperature and the LHD official will record the time, temperature, and presence or absence of all symptoms.
    - If the individual is determined to be ill during the in-person visit, staff should not have any direct contact with the person or objects contaminated with blood or body fluid. The LHD will immediately notify the ISDH ERC.
  3. If a person has not been in contact for four hours or more after a designated meeting time, additional efforts will be made to find and observe the person and the Epidemiology Resource Center (ERC) will be notified.
  4. At the conclusion of each visit, the LHD staff should perform normal hand hygiene; this includes washing hands with soap and water or an alcohol-based hand sanitizer regardless of presence of symptoms.
- Once the 21 day period is concluded, the individual no longer needs to be monitored.

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### Persons Deemed Some or Low Risk

- Monitoring will take place for 21 days following last exposure using Research Electronic Data Capture (REDCap).
- Monitoring consists of twice-daily self-temperature checks reported to the LHD by phone or other method determined by the LHD.
- The persons should immediately report any fever or other symptoms to the LHD.
  - If symptoms are identified, the LHD will instruct the individual to voluntarily quarantine and will immediately contact the ISDH ERC. Non-compliance with voluntary quarantine will result in involuntary quarantine by the Local Health Officer.
  - If the individual is determined to be ill during the in-person visit, staff should not have any direct contact with the person or objects contaminated with blood or body fluid. The LHD will immediately notify the ISDH ERC.
- Once the 21 day period is concluded, the individual no longer needs to be monitored.

### Persons Deemed No Identifiable Risk

No monitoring is recommended, but individuals should be advised to call the LHD if symptoms are observed. Other diseases associated with travel should be considered.

### Identification of Symptoms

In the event that any individual is identified as having symptoms consistent with Ebola, the LHD will contact the ISDH ERC.

If a monitored person becomes symptomatic, the LHD will initiate a normal public health contact tracing investigation to identify and locate those with potential exposure to Ebola and would begin monitoring procedures.

### Considerations for Temperature Checks

Temperature should be taken twice a day around the same time in the morning and evening about 12 hours (10-14 hours) apart. Temperature should be taken orally using the same thermometer each time. Ask the person if they are taking aspirin, Tylenol® (acetaminophen), ibuprofen, or any medicine that can lower a fever. The temperature should be taken before taking the above mentioned medications and prior to eating or drinking within 30 minutes.

### Difficulty in Monitoring

#### Failure to Make Initial Contact

LHDs will attempt to make contact with the persons within the first 24 hours after notification by the ISDH ERC. LHDs will make attempts to locate the individual by making visits to the home address that was provided and by communication with the emergency contact that was provided.

LHDs will alert the local healthcare facilities and EMS in the event that the individual(s) calls 9-1-1 or presents at a healthcare facility in their jurisdiction.

ISDH will assist the LHD if they are unable to establish initial contact with the persons within 24 hours (for a person considered to be *high risk*) or 48 hours (for a person considered to be *some or low risk*). ISDH will use their resources to assist in locating the individual.

#### Failure to Make Follow-Up Monitoring Contact

If an LHD makes a successful initial contact, but difficulty is encountered in making follow-up monitoring attempts, one or more of the following steps to reach the individual will be taken by the LHD:

- Home visits
- Contacting the emergency contact

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- Contacting local hospitals to ensure the person has not been admitted

If unsuccessful, the following additional tactics may be used:

- Applying local public health authority, possibly by consulting with the county attorney for guidance
- Involving local law enforcement
- Providing the individuals' name to the health department staff members who are likely to field calls from healthcare providers requesting a consultation when there is a concern about Ebola

ISDH will be informed if an LHD is unable to make follow-up monitoring contact with the individual within 48 hours (for a person considered *high risk*) or 72 hours (for a person considered *some or low risk*).

If a LHD is unable to make follow-up monitoring contact within the designated timeframes, ISDH will use their resources to assist in locating the individual.

### Unwilling Person

In the event that a person being monitored fails to cooperate with the LHDs, ISDH will work with the local health officer who has the authority to begin the process of involuntary isolation and quarantine.

Indiana's Isolation and Quarantine statute is IC 16-41-9-1.5. This statute allows the State Health Commissioner, the State Health Commissioner's designee, a Local Health Officer, or an authorized health or hospital corporation to order a person or persons into isolation or quarantine. The local health officer has three options to initiate isolate or quarantine of individuals known or suspected of having Ebola, depending on urgency and exposure risk. Each option is detailed in **Appendix D: Indiana Isolation and Quarantine Guidance for LHDs**, which also contains additional procedures and recommendations. This process will be initiated based on a case-by-case evaluation with collaboration between the local health officer, their county attorney, ISDH and CDC, if needed.

LHDs will encourage the individual to agree to voluntary compliance before proceeding with involuntary action, including a written notification of the requested actions and subsequent consequences if these actions are not followed. Any isolation and quarantine orders will be by the least restrictive means necessary to prevent the spread of contagious or possible contagious disease. The health status of an individual will be monitored regularly, as an individual must be immediately released when s/he no longer poses a risk of transmitting a contagious or possibly contagious disease to others.

### Public Activity and Travel Restrictions

#### Public Activity Restrictions

All persons being monitored will be treated on a case-by-case basis for activity restrictions. Under IC 16-41-9-1.5, local health officers have the authority to restrict the movement of people under monitoring if the public is at risk. Potential public activity restrictions may include, but are not limited to, movies/concerts, school, work, sporting events, shopping, and church/worship services. Per local public health authority, the individual may participate in non-congregate public activities as long as they can ensure 3-foot distance to others (e.g., jogging in the park).

All ***high risk persons*** will be advised to voluntarily quarantine themselves for the duration of the monitoring period. Each high risk person will be evaluated by local and state health authorities regarding any necessary restrictions of movement on a case by case basis. State law permits enforcement of an involuntary quarantine under IC 16-41-9-1.5.

All ***some or low risk persons*** are free to go about their usual routine during the 21 days of monitoring, including reporting to work.



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### Travel between Jurisdictions in Indiana

If traveling from one jurisdiction to another does occur, the LHDs will notify the ERC. The LHD will coordinate to ensure the monitoring and follow-up continue uninterrupted. The local health officer may limit or restrict travel by bus, airplane, boat, ship, ferry, subway/metro, train, or shuttle. Travel by nonpublic conveyance, such as a private chartered flight or a private vehicle, may be allowed as long as it is coordinated with public health authorities at both the origin and destination of travel, and monitoring can occur uninterrupted. ERC will ensure that persons information is shared between LHDs.

### Short Term Interstate Travel

If an individual is traveling overnight (or longer) outside their original jurisdiction, the LHD will inform the ERC about the planned travel. LHD staff will initiate discussions with the other affected local health department(s) to determine who will take over monitoring. If necessary, the originating LHD will ensure appropriate routing of the individual's information to the other LHD. Unless other arrangements are made, the originating LHD will maintain responsibility for monitoring and documentation.

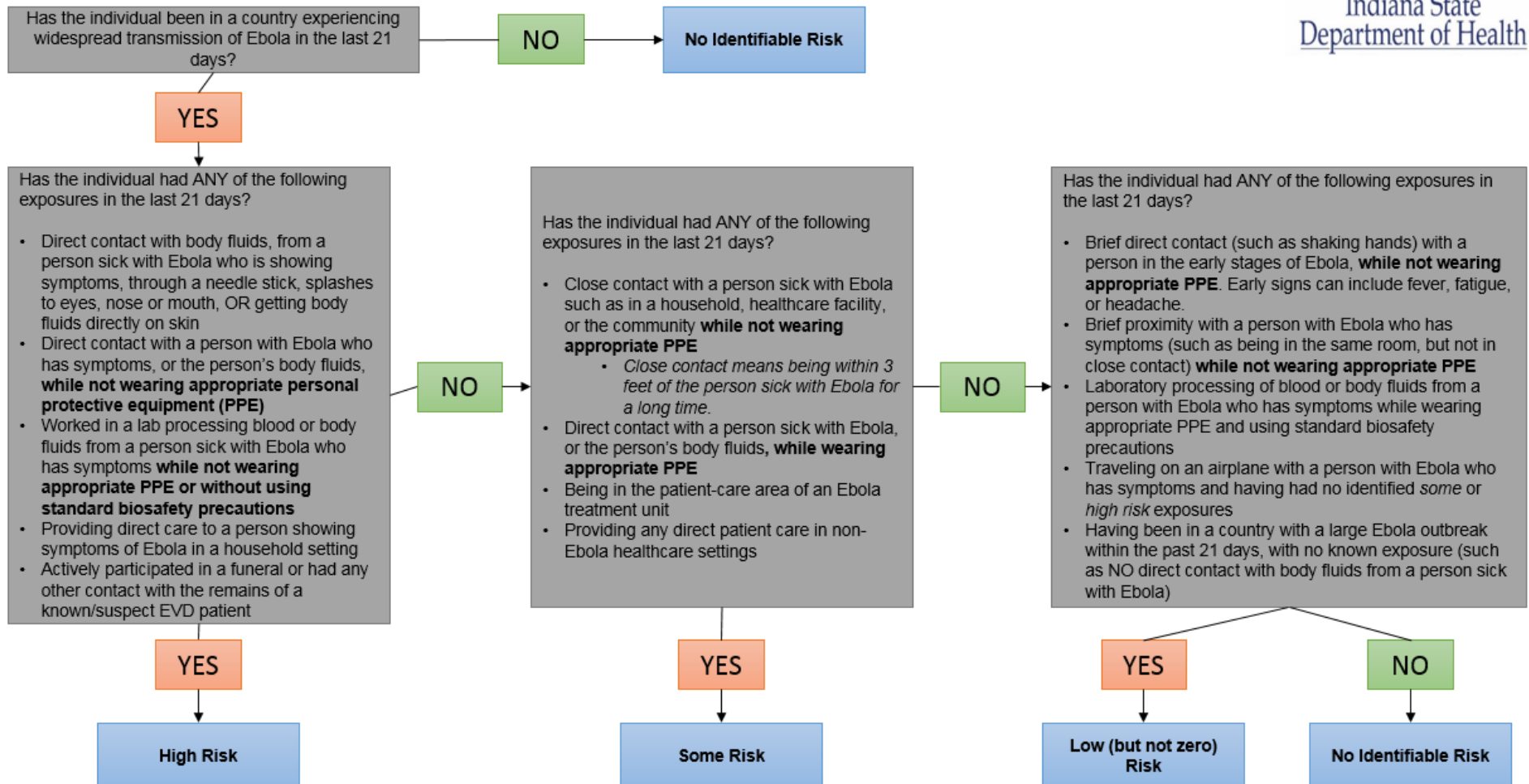
### Long Term Out-of-State and International Travel

If an individual will be traveling outside of Indiana during their monitoring period, the LHD will notify the ERC as soon as possible. ERC will alert the receiving state via Epi-X and a phone call (or CDC for international travel) of the individual's travel plans immediately. The LHD will collect all travel information (including flight times, cities/states, itinerary, etc.) and relay information to the ERC. Any travel will be coordinated with local and state public health authorities to ensure uninterrupted monitoring.

## Appendices

### Appendix A: EVD Risk Assessment Algorithm

#### Indiana State Department of Health Ebola Virus Disease (EVD) Risk Assessment



## Appendix B: Travel Monitoring Information Form

### Ebola Virus Disease (EVD) Monitoring Information Form

*This form should be filled out by the local health department staff for each person identified through the Indiana State Department of Health (ISDH) notification from the CDC from a country experiencing widespread transmission of EVD.*

Today's date (MM/DD/YYYY): \_\_\_\_\_

County: \_\_\_\_\_

Name of person filling in form: \_\_\_\_\_ Contact Number: \_\_\_\_\_

#### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Sex: ☐ Male  
☐ Female

Date of Birth (MM/DD/YY): \_\_\_\_\_

Race: ☐ American Indian/Alaska Native  
☐ Asian/Pacific Islander  
☐ Black  
☐ White  
☐ Other  
☐ Unknown

Ethnicity: ☐ Hispanic  
☐ Non-Hispanic

*Please complete the following contact information for the current/planned location in Indiana where the individual will reside.*

Street Number and Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact, Name and Number: \_\_\_\_\_

#### Surveillance Information

U.S. state or country of residence: \_\_\_\_\_

Visit, work, or reside in a country with an Ebola outbreak in past 21 days? ☐ Yes ☐ No ☐ Unknown

If yes, specify country: \_\_\_\_\_

If yes, last day in that country (MM/DD/YY): \_\_\_\_\_

If yes, date of arrival in U.S. (MM/DD/YY): \_\_\_\_\_

Date of arrival in Indiana (MM/DD/YY): \_\_\_\_\_

Work as a healthcare provider for Ebola patients in past 21 days? ☐ Yes ☐ No ☐ Unknown

If yes, describe: \_\_\_\_\_

Work in a laboratory with specimens from Ebola patients in past 21 days? ☐ Yes ☐ No ☐ Unknown

If yes, describe: \_\_\_\_\_

Contact with persons known or suspected to have Ebola in the past 21 days? ☐ Yes ☐ No ☐ Unknown

Risk Category? ☐ High risk ☐ Low risk ☐ Unknown

If high risk, specify exposure: \_\_\_\_\_

Date of final departure from Indiana (MM/DD/YY): \_\_\_\_\_

Any planned travel outside of current county or outside of Indiana before active monitoring is complete (i.e., date of departure from Indiana or 21 days from last exposure, whichever is first)? ☐ Yes ☐ No ☐ Unknown

If yes, specify dates and locations: \_\_\_\_\_

Date of last monitoring in Indiana (MM/DD/YY): \_\_\_\_\_

Complete monitoring in Indiana without developing signs and symptoms? ☐ Yes ☐ No ☐ Unknown



## Appendix D: Indiana Isolation and Quarantine Guidance for LHDs

### **Guidance for Local Health Departments On Isolation and Quarantine Procedures for Ebola**

Isolation means the physical separation, including confinement or restriction, of an individual or a group of individuals from the general public if the individual or group is infected with the Ebola, in order to prevent or limit the transmission of the disease to an uninfected individual.

Quarantine means the physical separation, including confinement or restriction of movement, of an individual or a group of individuals who have been exposed to the Ebola, during the disease's period of communicability, in order to prevent or limit the transmission of the disease to an uninfected individual.

#### Implementing Isolation and Quarantine during an Ebola outbreak

Indiana's Isolation and Quarantine Statute is IC 16-41-9-1.5. It allows for the State Health Commissioner, the State Health Commissioner's designee, a Local Health Officer, or an authorized health or hospital corporation to order a person or persons into isolation or quarantine. Isolated patients will likely be hospitalized so their needs will be addressed in the hospital.

People in quarantine will likely be housed at home or moved to a separate living facility. Large quarantine shelters will be unlikely. While in quarantine, the local jurisdiction should provide quarantined individuals with food and other daily living needs. The local health department should also provide daily health checks to see if anyone has developed symptoms of Ebola. Lastly, the local health department should work with local partners to help quarantined people meet other basic needs.

It is recommended that local health departments distribute information to the public concerning the risks of Ebola, how the disease is transmitted, precautions to reduce transmission, as well as all known symptoms and treatments.

The local health officer has three options to isolate or quarantine individuals known or suspected of having Ebola. First, the local health officer may seek to get an isolation or quarantine order granted by a circuit or superior court in the respective county. The isolation or quarantine order will only be granted after the court holds a hearing where the individual to be isolated or quarantined has had an opportunity to be heard. Secondly, the local health officer may seek to get an emergency order of isolation or quarantine. An emergency order of isolation is granted by a circuit or superior court without a hearing. However, the local health officer must convince the court that the individual to be isolated or quarantined will expose an uninfected individual to Ebola before that individual can be provided notice and an opportunity to be heard. Lastly, the local health officer may issue an immediate order of isolation or quarantine. An immediate order of isolation or quarantine may only be issued if exigent circumstances exist that make it impracticable for the local health officer to seek an order from a court, and obtaining the individual's voluntary compliance is or has proven impracticable or ineffective. An immediate order of isolation or quarantine expires after seventy-two (72) hours. When the seventy-two hour period ends, the local health officer must petition a circuit or superior court in their county to renew the order of isolation or quarantine.

A person who knowingly and intentionally violates a condition of isolation or quarantine commits a Class A misdemeanor. State and local law enforcement agencies will cooperate with the local health officer to enforce an order of isolation or quarantine.

Please read the statute for more detailed information. Additionally, please refer to the Indiana State Department of Health's "Implementing Isolation and Quarantine" manual for further guidance. Local

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jurisdictions should make certain all appropriate individuals are familiar with the Isolation and Quarantine Statute including the Local Health Department staff, the Local Health Officer, the EMA, the County Attorney, and any judge who may be involved.

- 1) The Local Health Officer should make every attempt to talk the person into voluntary isolation or quarantine
- 2) If the Local Health Officer is unsuccessful in garnering voluntary compliance, he should seek one of the following orders of isolation or quarantine;
  - a. Order of Isolation or Quarantine (Granted after Hearing w/ Individual)
  - b. Emergency Order of Isolation or Quarantine (Granted w/o Individual)
  - c. Immediate Order of Isolation or Quarantine (Issued by Local Health Officer)
- 3) State and local law enforcement agencies will cooperate with the local health officer to enforce an order of isolation or quarantine
- 4) The Local Health Departments should:
  - a. Distribute information to the public concerning:
    - i. The risks of the disease
    - ii. How the disease is transmitted
    - iii. Available precautions to reduce the risk of contracting the disease
    - iv. Symptoms of the disease
    - v. Available medical or nonmedical treatments for the disease
  - b. Instruct the public concerning social distancing
  - c. Request the public inform the local health officer or a law enforcement agency if a family member contracts the disease
  - d. Instruct the public on self quarantine and provide a distinctive means of identifying a home that is self quarantined
  - e. Instruct the public on the appropriate means of reducing exposure to the disease
  - f. Close schools, athletic events, and other nonessential situations in which people gather. If quarantine is imposed the public health authority shall ensure to the extent possible, quarantined individuals have sufficient supplies to remain in their own home

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